



**Part A: Identify Yourself**

Full Name	Richard C Calanni		List all other names you have used	None
Date of Birth	APRIL 22, 1951			
SSN	-2557			
Cell Phone	(908) 309-7964		Email	TINTON FALLS LIMOUSINE @VERIZON.NET
1. Housing Information: <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Live with Others				
Current Address	1-OLD FARM ROAD		Landlord Name	PROPERTY OWNED
	TINTON FALLS NJ 07724-3272		Landlord Address	BY SPOUSE
Home Phone	(732) 389-8761			
Previous Address			Landlord Telephone	( )
			List utilities included in rent	
2. Are you currently employed? <input type="checkbox"/> Yes: <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time <input checked="" type="checkbox"/> No				
Current Occupation	SELF INDEPENDENT LIMOUSINE / CAR OWNER		Gross Annual Salary: \$ 0	
Current Employer	Hire Date:		- or -	
	Company:		Hourly Wage: \$ 0	
	Address:		Average hours per week: 0	
			Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Previous Occupation	LIMO DRIVER		CANT RECALL OVER 25 YEARS AGO	
Previous Employer	Employment Dates: 1995 to 2003		Gross Annual Salary: \$	
	Company: CONCORDE LIMOUSINE		- or -	
	Address: 900 NJ 33		Hourly Wage: \$	
	Freehold NJ 07728		Average hours per week:	
3. Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				



4. Are you a sole proprietor of any full-time or part-time businesses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Business Name		TINTON FALLS LIMOUSINE		
Address		1-OLD FARM Rd TINTON FALLS NJ 07724		
Nature of Business		CAR SERVICE		
How are you paid?		<input type="checkbox"/> Salary: \$ <input type="checkbox"/> Draw <input type="checkbox"/> Combination		
Do you use payment apps?		<input type="checkbox"/> Apple Pay <input type="checkbox"/> Zelle <input type="checkbox"/> PayPal <input checked="" type="checkbox"/> Other:		
5. Do you own or operate any corporations, partnerships, or LLCs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Business Name		TINTON FALLS LIMOUSINE, LLC		
Employer Identification Number (EIN)		27-4622903		
Trade Name (DBA)				
Are the business's federal taxes current?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Address		1-OLD FARM ROAD TINTON FALLS NJ 07724		
What is your ownership interest?		OWNER		
Do you use payment apps?		<input type="checkbox"/> Apple Pay <input type="checkbox"/> Zelle <input type="checkbox"/> PayPal <input checked="" type="checkbox"/> Other:		
How are you paid?		<input type="checkbox"/> Salary: \$ <input type="checkbox"/> Draw <input type="checkbox"/> Combination		
Dividend Payments & Frequency		CHASE MERCHANT SERVICE		
6. Do you receive any other income from any other business (e.g. shareholder)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Explain:				
7. Are your federal taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
8. Did you file a federal income tax return last year?				
<input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married, filed Jointly <input type="checkbox"/> Married, filed Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> No				
9. Marital Status: <input checked="" type="checkbox"/> Married (provide details below) <input type="checkbox"/> Unmarried (single, divorced, widowed)				
Date of Marriage	FEB 1, 1975	Spouse's Occupation	None	
Spouse's Full Name	FRANCES CALANNI	Company	None	
Spouse's Date of Birth	AUG 11, 1935	Work Address	None	
Spouse's Cell Phone	( ) NONE			
10. Do you have any dependent children under the age of 18? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name	Date of Birth	Does the child primarily reside with you?	Dependent's Monthly Income (e.g. child support, gov't assistance)	List any child support in arrears
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

**Part B: Assets & Liabilities**

11. Identify total amount of cash on hand.				<b>\$ 1,837</b>
12. Identify all domestic bank accounts that you have signatory authority.				
	Financial Institution	Name(s) on Account	Account No.	Current Balance
Checking Account	<b>CHASE</b>	<b>RICHARD CALANNI</b>	<b>448318324 833085343</b>	<b>\$ 1,811.<sup>00</sup></b>
Savings Account	<b>CHASE</b>	<b>RICHARD CALANNI</b>	<b>3578921727</b>	<b>\$ 26.<sup>00</sup></b>
Other:				\$
Other:				\$
Other:				\$
13. Do you or your spouse have any foreign bank accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Country	Financial Institution	Name(s) on Account	Account No.	Current Balance
				\$
				\$
14. Do you or your spouse maintain a safe deposit box? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name(s) on Account	Financial Institution	Address	Box No.	Contents
15. Do you or your spouse own any securities (e.g. bonds, stocks, mutual funds)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Name(s) on Account	Company	No. of Units/Shares	Current Unit/Stock Price	Current Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
16. Do you or your spouse own any cryptocurrency (e.g. Bitcoin, Ethereum, Ripple)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Public Key	Private Key	Company	Units	Current Value
				\$
				\$



17. Do you or your spouse own any U.S. savings bonds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Type of Bond (Series EE or Series I)	Name(s) on Bond	Date Purchased	Current Value		
			\$		
18. Do you or your spouse have any retirement accounts (e.g. IRA, 401(k), pension plans) or 529 plans? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name(s) on Account	Company	Account Type	Account No.	Current Balance	
				\$	
				\$	
				\$	
19. Do you or your spouse have any life insurance policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Name(s) on Account	Company	Policy No.	Face Amount	Cash Surrender Value	
FRANCES CALANNI.	STATE FARM	32931670	\$100,000 <sup>00</sup>	\$0	
			\$	\$	
			\$	\$	
20. Are you or your spouse a judgment creditor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Person/Entity	Address	Case Information	Judgment Amount	Balance Owed	
		Court:	\$	\$	
		Case No.:			
21. Are you or your spouse a judgment debtor or currently party to any pending lawsuit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Person/Entity	Address	Case Information	Judgment Amount	Balance Owed	
		Court:	\$	\$	
		Case No.:			
22. Does any person or entity owe you or your spouse money (notwithstanding Q.18)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Person/Entity	Address	Type of Loan	Identify Collateral	Loan Amount	Balance Owed
		<input type="checkbox"/> unsecured <input type="checkbox"/> secured		\$	\$
		<input type="checkbox"/> unsecured <input type="checkbox"/> secured		\$	\$

23. Do you or your spouse owe any person or entity money (notwithstanding Q.19)? ☐ Yes ☒ No

Name of Person/Entity	Address	Type of Loan	Identify Collateral	Loan Amount	Balance Owed
		<input type="checkbox"/> unsecured <input type="checkbox"/> secured		\$	\$
		<input type="checkbox"/> unsecured <input type="checkbox"/> secured		\$	\$

24. Do you or your spouse have any interest in real estate anywhere in the world? ☐ Yes ☒ No

Include any real estate currently on the market or under contract.

Name(s) on Deed	Address	Mortgage Payment	Lienholder	Mortgage Balance	Fair Market Value
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$

25. Are any of the real estate properties listed above income producing properties? ☐ Yes ☒ No

If so, provide income statements and/or tax returns for the last 2 years for each rental property.

Name(s) of Tenant	Address	Total Lease Term	Months Remaining on Lease	Monthly Rental Income
				\$
				\$

26. Do you or your spouse own or have possession of automobiles, motorcycles, boats, aircrafts, recreational vehicles, etc.? ☒ Yes ☐ No

Year, Make, and Model	Ownership Interest	Monthly Payment	Lienholder	Lien Balance	Insurance Company
1996-NEEDS REPAIR FOR MERCURY 10 YEARS	<input type="checkbox"/> Leased <input checked="" type="checkbox"/> Purchased	\$ 0	0	\$ 0	STATE FARM
2011-NEED OIL PAN AND ML350 TRANSPAN	<input type="checkbox"/> Leased <input checked="" type="checkbox"/> Purchased	\$ 0	0	\$ 0	STATE FARM
2014 E350	<input type="checkbox"/> Leased <input checked="" type="checkbox"/> Purchased	\$ 329 <sup>68</sup>	MBF FINANCE	\$ 8,341 <sup>55</sup>	STATE FARM
	<input type="checkbox"/> Leased <input type="checkbox"/> Purchased	\$		\$	

27. Have you or your spouse given any gifts, or transferred any real or personal property (including cash) valued at over \$500 within the last 3 years? ☐ Yes ☒ No

Item Description	To Whom	Date	Value
			\$
			\$



28. Do you or your spouse own any personal property (e.g. jewelry, art, furniture, gold, collection items, etc.) valued in excess of \$500? ☒ Yes ☐ No

Item Description	Location of Property	Fair Market Value
HOME OF RESIDENT		
OWNER SPOUSE	1-OLD FARM Rd TINTON FALLS NJ, 07724-3222	\$440,000
		\$
		\$
		\$
		\$
		\$

29. Do you or your spouse have any credit cards, charge accounts, or lines of credit? ☒ Yes ☐ No

Account	Credit Limit	Current Balance	Minimum Monthly Payment
LOEWS 819 2431 362 4835	\$7,300	\$0	\$0
HOME DEPOT 6035 3210 0965 1882	\$6,000	\$0	\$0
HOME GOODS 5243 6616 4699 7986	\$1,024.00	\$0	\$0
WILLIAM SONOMA 4546 8610 0178 4548	\$2,000	\$19.00	\$19.00
DISCOVER 6011 4994 2478 3569	\$8,000	\$616.51	\$35.00
	\$	\$	\$

30. Do you use any payment apps (e.g. Apple Pay, Zelle, PayPal, etc.)? ☐ Yes ☒ No

Explain:

31. Are you a Trustee, Executor, or Administrator? ☐ Yes ☒ No

Explain:

32. Is anyone holding any money on your behalf? ☐ Yes ☒ No

Explain:

33. Do you anticipate receiving any benefits from an established trust, or do you have a contingent or future interest in any property of any kind? ☐ Yes ☒ No

Explain:

**Part C: Calculate Net Monthly Income****Monthly Income**

- |   |          |
|---|----------|
| 1. List monthly gross wages, salary, and commissions before all payroll deductions. <i>If not paid monthly, calculate what the monthly wage would be.</i> | 1. \$ 0  |
| 2. Estimate and list monthly overtime pay.  | 2. \$ 0  |
| 3. Calculate gross income. Add line 1 + line 2.   | 3. \$ 0  |
| 4. List payroll deductions:   |          |
| 4a. Tax, Medicare, and Social Security deductions   | 4a. \$ 0 |
| 4b. Contributions for retirement plans  | 4b. \$ 0 |
| 4c. Health insurance  | 4c. \$ 0 |
| 4d. Life insurance  | 4d. \$ 0 |
| 4e. Garnishment. Specify:   | 4e. \$ 0 |
| 4f. Other deduction. Specify:   | 4f. \$ 0 |
| 4g. Other deduction. Specify:   | 4g. \$ 0 |
| 5. Add payroll deductions. Add lines 4a through 4g.   | 5. \$ 0  |
| 6. Calculate total monthly take-home pay. Subtract line 5 from line 3.  | 6. \$ 0  |

**Other Income:**

- |   |                 |
|---|-----------------|
| 7. Net income from rental property. Attach a statement for each property showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.      | 7. \$ 0         |
| 8. Net income from operating a business. Attach a statement for each business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8. \$ 0         |
| 9. Interest and Dividends   | 9. \$ 0         |
| 10. Family support payments (e.g. alimony, child support).<br>Specify:  | 10. \$ 0        |
| 11. Other government assistance (e.g. food stamps, housing programs).<br>Specify:   | 11. \$ 0        |
| 12. Medicare  | 12. \$ 0        |
| 13. Medicaid  | 13. \$ 0        |
| 14. Social Security Income -  | 14. \$ 1,975.00 |
| 15. Supplemental Security Income  | 15. \$ 0        |
| 16. Social Security Disability Income   | 16. \$ 0        |
| 17. Unemployment compensation   | 17. \$ 652.00   |

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18. Workers' compensation 18. \$ 0
19. Pension. Specify: 19. \$ 0
20. Retirement. Specify: 20. \$ 0
21. Other income. Specify: COVID GIG WORKER 21. \$ 300.00
22. Other income. Specify: 22. \$ 0
23. Add all other income. Add lines 7 through 22. 23. \$ 2,927.00
24. Calculate total monthly income. Add line 6 + line 23. 24. \$ 2,927.00

25. Do you anticipate that your average monthly income will increase or decrease by more than 10% within 1 year?

☐ No.

☒ Yes. Explain: UNEMPLOYMENT AND COVID GIG WORKER  
WILL END IN 3 WEEKS - SEPT 4, 2021  
BY OVER 30 PERCENT

### Monthly Expenses

26. Mortgage or Rent 26. \$ 0
- If not included in line 26:*
- 26a. Real estate taxes 26a. \$ 714.43
- 26b. Property, homeowner's, or renter's insurance 26b. \$ 108.33
- 26c. Home maintenance, repair, and upkeep expenses 26c. \$ 270.00
- 26d. Homeowner's association or condominium dues 26d. \$ 0
27. Additional mortgage payments for residence, home equity loans 27. \$ 0
28. Utilities:
- 28a. Electricity, heat, natural gas 28a. \$ 401.00
- 28b. Water, sewer, garbage collection 28b. \$ 31.58
- 28c. Telephone, cell phone, internet, cable, streaming services 28c. \$ 356.00
- 28d. Other. Specify: BUSINESS PRINTER INK + PAPER 28d. \$ 33.00
29. Groceries CHASE MERCHANT SERVICE 29. \$ 425
30. Housekeeping supplies 30. \$ 30
31. Childcare and children's education costs 31. \$ 0
32. Clothing, laundry, and dry cleaning 32. \$ 10
33. Personal care products WIFE INCONTINENCE (EST +) 33. \$ 130
34. Medical and dental expenses DRS. BUT COULD NOT AFFORD THE DENTAL OUT OF POCKET 34. \$ 45

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## 35. Installment or lease payments:

35a. Payment for Vehicle 1

35a. \$ 329.68

35b. Payment for Vehicle 2 AUTO REGY'S X3

35b. \$ 18.00

35c. Other. Specify: SELF OWNER LIMO SEDAN PAYMENTS

35c. \$ 956.63

36. Transportation. Include gas, maintenance, or bus fare. Do not include car payment.

36. \$ 75.00

37. Entertainment, recreation, clubs, and subscriptions.  
Specify:

37. \$ 0

38. Charitable contributions, religious donations.  
Specify:

38. \$ 19.00

39. Insurance. Do not include insurance already deducted from your wages (lines 4c and 4d), or included in lines 26 and 43.

39a. Health Insurance HRZN 472+81 DEDUCT / MONTHLY

39a. \$ 807.00

39b. Life Insurance DENTAL 127X2=254+

39b. \$ 69.00

39c. Vehicle Insurance

39c. \$ 145.83

39d. Other. Specify: SELF OWNER LIMO INSURANCE

39d. \$ 234.25

39e. Other. Specify: PRESCRIPTIONS (CVS)

39e. \$ 82.50

? 40. Taxes. Do not include taxes already deducted from your wages (line 4a) or included in lines 26 and 43. UNKNOWN-UNEMPLOYED

40. \$

41. Payments of alimony and child support. Do not include payments already deducted from your wages (lines 4e through 4g).

41. \$ 0

42. Payments of support to others who do not live with you.  
Specify:

42. \$ 0

## 43. Leasehold expenses:

43a. Mortgages on other property

43a. \$ 0

43b. Real estate taxes

43b. \$ 0

43c. Property, homeowner's, or renter's insurance

43c. \$ 0

43d. Maintenance, repair, or upkeep expenses

43d. \$ 0

43e. Homeowner's association or condominium dues

43e. \$ 0

44. Other. Specify:

44. \$ 0

45. Other. Specify:

45. \$ 0

46. Other. Specify:

46. \$ 0

47. Calculate your monthly expenses. Add lines 26 through 46.

47. \$ 5,291.23

48. Explain any unusual, recurring monthly expenses you have for yourself or any dependent:

UNUSUAL WOULD BE UNFORSEEABLE EXPENSES FOR MY WIFE  
 NEED, AND ALTHOUGH I HAVE DENTAL INSURANCE I CANT  
 GO BECAUSE I DONT HAVE THE OUT OF POCKET FOR  
 BRIDGE WORK, FOR ME AND MY WIFE



49. Do you anticipate that your average monthly expenses will increase or decrease by more than 10% within 1 year?

☐ No.

☒ Yes. Explain: *BECAUSE EVERYTHING IS GOING UP IN THE ECONOMY AND OUR PRESCRIPTIONS HAVE GONE UP AND MORE PILLS REQUIRED DUE TO MY WIFE AGE, STOMACH CANCER SURGERY, INCONTINENCE AND INEVITABLE 2 KNEE REPLACEMENTS AS PER DR.*

Net Monthly Income

50. Copy your monthly income from line 24.

\$ 2,927.00

51. Copy your monthly expenses from line 47.

\$ 5,291.23

52. Calculate your monthly net income. Subtract line 51 from line 50. *NEGATIVE*

\$ -2364.23

*IN MOST CASES I WOULD PAY AS THINGS CAME AND HAVE ANSWERED TO THE BEST OF MY ABILITY PC*

### Part D: Signature Required

I declare under penalty of perjury that the information provided is true, correct, and complete. I understand that making a false statement or concealing property can result in five (5) years imprisonment and/or a fine of not more than \$250,000 under 18 U.S.C. § 1001.



(Signature) Debtor

Date



(Signature) Attorney for Debtor

Date

8/17/21

Return to:

U.S. Attorney's Office

Attn: Financial Litigation Unit

970 Broad Street, Ste. 700

Newark, New Jersey 07102

RICHARD CALANNI.

Addendum Page 1 of 2

As long as this debt is held over me I am unable to get any grants that is available to small business to survive, although I pay my fees to the State of New Jersey Treasury for billing fees to operate.

I have conducted my self as a contributing citizen to the state and country. I pay my taxes, I vote, I volunteer when I was able prior my wifes cancer surgery.

Im getting older and not younger. After 25 years of contributing to society with good work ethic I am doing a life sentence with the debt over my head. Please take my excellent conduct into consideration as well.

Richard Calanni.

Aug 12, 2021

RC



RICHARD CALANNI.

Addendum Page 2 of 2-

REPAIRS THAT ARE NEEDED TO HOME  
THAT HAVE BEEN NEEDED BUT CAN'T  
AFFORD NOR BUDGET FOR:

FURNACE DUCTS ARE RUSTED AND  
LEAK FROM THE FURNACE IN THE  
CRAWL SPACE FROM WATER AND  
DAMPNESS. IT IS TEMPORALY TAPED  
FROM PREVENTING CARBON MONOXIDE

CRAWL SPACE IS FLOODING

INSULATION IN CRAWL SPACE NEED TO  
BE REPLACED DUE TO THE YEARS OF DAMPNESS

ROOFING SHINGLES ARE DRY ROTTING

CHIMNEY AND ROOF EXHAUST RUSTING

GARAGE DOORS, FRAMES AND ENTRY DOOR  
DETERIORATING

DECK NEEDS REPLACING

I HAVE NO IDEA HOW TO PRICE THESE BUT  
BUT ISSUES DO EXIST.

Richard Calanni  
Aug 12, 2021 RC